

## DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing  
HCF 1068I (Rev. 09/01)

STATE OF WISCONSIN



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## GENERAL PEDIATRIC CLINIC / 24 MONTH VISIT

(See 2<sup>nd</sup> page for Anticipatory Guidance for 24 Months)

Completion of this form is voluntary.

Patient Name	Date of Birth	Age	Height	Weight	Today's Date
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Accompanied by	Head Circumference
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Reaction to Examination	Activity	Distractibility
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Persistence / Attention Span	Intensity Level	Words Spoken, Sentence Length, Speech Clarity
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Parental Concerns	Part	N	Abn
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General Health	Skin: Color, texture, hair, scalp		
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General Behavior: Behavior at meals	Head & Face: Symmetry, AF size ____ cms ____		
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Sleeping	Eyes: Pupils. conjunctivae. EOM. red reflex		
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Toilet Training: Bowel, bladder, day, night	Ears & Nose: Canals, tympanic membranes, turbinates		
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Peer & Social Opportunities	Nose: Discharge		
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Parents' Description of Child's Temperament	Mouth: Gums, tongue, number of teeth ( ) ( )		
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Problems Identified and Reviewed	Nodes: Cervical inguinal		
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Development & Parent-Child Interactions	Lungs		
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Physical and Emotional Status	Heart: Rhythm, S1, S2, murmur		
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**Anticipatory Guidance:** Diet, snacks, independence, limit setting, temper tantrums, peer companionship, sharing, taking turns, sleeping, crawling out of bed, night fears, naps, T.V., dental care. Safety: Car seat, street, play, pica, lead exposure.

Part	N	Abn
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Skin: Color, texture, hair, scalp		
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Head & Face: Symmetry, AF size ____ cms ____		
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Eyes: Pupils. conjunctivae. EOM. red reflex		
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Ears & Nose: Canals, tympanic membranes, turbinates		
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Nose: Discharge		
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Mouth: Gums, tongue, number of teeth ( ) ( )		
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Nodes: Cervical inguinal		
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Lungs		
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Heart: Rhythm, S1, S2, murmur		
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Abdomen, Contour, masses, hernia		
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Genitalia: Vaginal opening, testes ( ) ( )		
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Extremities: Range of motion, stance		
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Neuromuscular: Tone, strength, equilibrium coordination, gait, DTRs		
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Describe Abnormal Findings		
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Developmental Observations	NO* = Not Observed by parents or examiners R. = Reported, O. = Observed
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R.	O.	NO*	G.M.	Runs well
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				Jumps with both legs together, in one place
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				Balances on 1 foot for 1-2 seconds
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				Kicks the ball forward
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				Throws a ball overhand
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				Walks up the steps
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				Walks down the stairs
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				Pedals a vehicle
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			F.M.	Scribbles with a pencil
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				Copies a vertical line
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				Copies a circle
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				Makes a tower of four cubes
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				Makes a tower of eight cubes
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			Lang.	Has many single words
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				Combines two different words together
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				Points to a named part of the body
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				Names a picture
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				Uses plurals
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				Says own name
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			P.S.	Puts a toy under the table
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				Puts a toy on the floor
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				Gives a toy to the mother
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				Puts on some clothing alone
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				Uses spoons well, spilling very little
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				Washes and dries hands alone
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				Plays games with others
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				Helps or mimics simple household tasks
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Parents' Interactions with Child	NO* = Not Observed Here
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O.	NO*	O. = Observed M = Mother F = Father
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		Spontaneously identifies child's positive qualities
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		Limits activity by verbal command
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		Limits activity by physical actions
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		Gives simple short directions / explanations
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		Voice calm when talking to child
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		Reinforces behavior through approval and attention
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		Terminates activity with some forewarning
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		Interrupts temper tantrums vocally
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		Interrupts temper tantrums physically
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		Allows child to separate and check back
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SIGNATURE – Provider Date Signed

Return to clinic in \_\_\_\_ months.

(Cross off parts not examined or not applicable)

## Diet

Snacks - appetites vary tremendously from child to child and from day to day. If the snacks are kept in the "healthy food" category and the child sits to eat the few bites they take at each meal, a pattern will be set up for healthy dietary habits later on. Food should not be used for rewards or punishment. Milk intake should be limited to two cups or less.

Independence, limit setting and temper tantrums are closely related. As the child strives for independence, they constantly test the limits of their activities. It is the parents' responsibility to set and consistently enforce these limits. It is important to define these limits clearly and to apply them sparingly, in most cases only to actions that will endanger the child's health or life. The parents must ask, "Is it really important to stop this particular activity?" If the answer is "yes," then the parent must follow through consistently. If the answer is "no" then it is much better to say nothing and continue to observe the child, helping when needed.

Temper tantrums are a developmental manifestation of the toddler's way of dealing with frustration when unable to perform desired actions. A temper tantrum occurs when 1) the child's actions are limited by the parents, or 2) the child is developmentally unable to perform them. The parents' consistency will terminate the former, and growth and development the latter.

Peer companionship, sharing, and taking turns should be encouraged. If the child is one who resists new situations, the process will take longer and require a lot of patience on the part of the parents. Most children eventually adjust and will learn from this process.

## Television

Luckily, the attention span of most toddlers is too short to sit through a television show. Others will sit and not move and stop doing everything else. Special programs for preschoolers may still be too limited for the toddler.

## Dental Care

In this stage of imitation, the toddler can have a toothbrush without toothpaste and be encouraged to brush once or twice daily. The parents should also do this for them regularly.

## Safety

Car seat – A toddler who has always been in a car seat in a moving vehicle will have little trouble staying in one.

Street-playing outside requires constant adult supervision unless there is a specifically fenced area with non-poisonous plants. A discussion of pica is pertinent since the child is still putting many objects in their mouth. It is important for the parent to teach edibles versus non-edibles and to review lead exposure.